

*New Directions
for
National Substance
Abuse Policy*

SPECIAL COMMITTEE ON THE DRUG CRISIS



AMERICAN BAR ASSOCIATION

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3
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President's Letter

Public attention is focused on violent crime and health reform, but the common thread that runs through these and the rest of society's ills is substance abuse. Substance abuse—not just illicit drugs but also tobacco and alcohol—affects the health care system, the justice system, businesses, the community and the family itself.

The American Bar Association got involved in the drug crisis in the late 1980s because of the impact of drugs on our criminal justice system. During the 1980s, society's response to the drug problem was to treat it as a challenge to law enforcement rather than a health, social, or economic, problem. We discovered that the drug problem was literally bleeding the civil and criminal justice systems of all their resources.

Although significant progress has been made in reducing illicit drug use, we feel the problem is getting worse and not better. Moreover, inadequate attention is paid to the problems of alcohol abuse and tobacco use. Our drug crisis has generated thousands of statistics, but the bottom line facts are these:

- ▶ **Health Costs** At least \$140 billion of the \$1 trillion Americans will spend on health care next year is attributable to substance abuse and addiction.
- ▶ **Drug Use** The United States has the highest rate of illicit drug use of any industrialized country. Twenty-six million Americans used illicit drugs in 1991.
- ▶ **Crime** In 1992 alone, more than 1.9 million Americans were victimized by violent crime, distinguishing us as the most violent of any other industrialized nation.
- ▶ **Homicide** Homicide is now the second leading cause of death among persons 15 to 24 years of age in the U.S. One contributing factor: the entry of crack cocaine into urban centers.
- ▶ **Juveniles** Violence among youths is exploding. A 70 percent increase in the number of juveniles committing murder with guns was reported over

the decade. Again, drugs are widely considered to contribute to this epidemic of violence among youth.

- ▶ **Prisons** Drug related crime is a major cause of overcrowded prisons. Jail and prison populations have doubled in the past eight years. In the past five years, the amount of resources allocated to jails and prisons nearly doubled to \$13 billion per year.
- ▶ **Arrests** The United States has more than 1 million arrests for drug-related offenses each year.
- ▶ **Economy** Conservative estimates place the cost of drugs and drug-related crime at \$300 billion dollars each year.

Imagine the benefit to our communities if just half of the resources currently spent addressing the problems of drugs and drug-related violence were allocated to the prevention of substance abuse and to early intervention when individuals do develop alcohol, tobacco and other drug problems.

Traditionally, our society has turned to the criminal justice system for solution to drugs, crime, and violence. Although we recognize that criminal justice solutions are an important component of a comprehensive national drug strategy, the criminal justice system alone cannot solve the problem. We have concluded that solutions must be found "upstream" to prevent many of the drug-related problems from ever entering the justice system. The document that follows is a major step toward achieving that goal.

As leaders, we must unite in our message to the citizens of this nation. As the President of ABA, I am deeply appreciative of the gracious assistance dedicated to this effort from many national organizations. I am particularly indebted to John P. Driscoll, Jr. for his excellent leadership in challenging us all to move in these New Directions.

R. William Ide III
President

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Foreword

Several months ago the American Bar Association convened a group of individuals representing a broad range of interests and ideas to help in the creation of a document that would form the basis for a national drug policy. This report is the second discussion draft produced by this collaborative effort, during which participants put aside their own personal agendas in favor of developing a comprehensive, effective drug policy to address the nation's most serious health problems—substance abuse and related violence.

Since that first meeting last July, which began with a candid, wide ranging discussion to identify issues of common interest, ideas were shaped, recorded, and circulated at each successive meeting of the working group. As discussions became more focused and the meetings more structured, the document itself was refined and became more cohesive. Throughout the process, we attempted to concentrate on those areas and policies which appeared to be of greatest concern among our advisors. And while there were points on which various group members had disagreements, our goal was to present to the greatest extent possible those policy directions on which there was a consensus.

With this paper, we aim to provide a framework for ways to approach constituencies and government officials on the issues surrounding the drug crisis. One of the themes that has continued to emerge throughout our discussions has been the need for greater collaboration between federal, state and local governments, with the federal government providing funding that is flexible enough to allow local entities to come up with creative solutions to the problems of substance abuse and related problems.

Another point that was made repeatedly during our deliberations was that alcohol abuse and tobacco use are inextricably linked to the problem of drug abuse. Our advisors were unanimous in maintaining that alcohol and tobacco should be addressed by our national drug policy.

Our advisors did not undertake to offer additional strategies which would address the economic development and crucial social services necessary to help our drug-plagued cities. However, there was widespread agreement that these are critical elements

if any comprehensive policy is to be truly effective. There was consistent agreement that it will take patience, time and follow-through at all levels of government, community involvement and funding to combat the scourge of drugs and related violence.

All in all, there was remarkable consensus on many of the most critical questions of drug policy. When one considers the active role that our advisors took in crafting this document, this achievement becomes even more remarkable. Not content simply to come to meetings and join in discussions, many of our participants provided us with written comments and offered help and guidance in drafting portions of the report.

We are deeply indebted to everyone who participated with us in developing the document. We are especially grateful to the many individuals who clearly went above and beyond the call of duty in order to make this report what it is today. Special thanks go to Mark Kleiman for countless hours of invaluable guidance; Paul Jellinek for his insights into community mobilization; Ruby Hearn for her guidance and expertise on public health, especially in the area of alcohol and tobacco use; Janice Force Griffin for her insights into community action; Tom Hedrick and Mike Townsend for their knowledge and perceptiveness concerning drugs in the workplace; and Charles G. Cole, Eric Sterling and Terry Farley for their expertise in the criminal justice system. Project Director Robin Kimbrough, Judy Patterson, and Gloria Danziger put in countless hours of perseverance and thought into the myriad issues surrounding drug policy.

We also want to extend our deepest appreciation for the assistance and guidance of many other people who helped to provide direction for this report. We are deeply indebted to a number of advisors: William Butynski; William R. Caltrider, Jr.; Roger Connor; David Evans; Mathea Falco; James E. Copple; Barry Mahoney; Robert L. May; Pat Murphy; Janet Quist; Peter Reuter; Marilyn Roberts; David Rosenbloom; Catherine J. Ross; Kathleen Sheehan; Rob Teir; Scott Wallace; Ellen M. Weber; and Ronald Weich.

John P. Driscoll, Jr.
Chairman

Table of Contents

Executive Summary	10
Introduction	13
Principle I: New Directions for Alcohol and Tobacco Policy	15
Principle II: Substance Abuse as a Public Health Issue	19
Principle III: New Directions in Reducing Demand	23
Principle IV: New Directions for Children and Youth	25
Principle V: New Directions in Community Mobilization	28
Principle VI: New Directions in Preventing Violence	31
Principle VII: New Directions in Criminal Justice System	35
Participants	39
Notes	40

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New Directions for National Substance Abuse Policy

- I. *A comprehensive substance abuse policy must include the prevention and treatment of alcohol and tobacco problems as well as other drugs.***
- A. Federal, state and local policies should mobilize social disapproval of the use of tobacco and the abuse of alcohol.
 - B. State and local policies must aggressively discourage the use of alcohol and tobacco among adolescents and the abuse of alcohol among adults.
 - C. Treatment should be provided at the earliest opportunity for persons with substance abuse problems.
 - D. Primary health care providers should be trained to identify alcohol, tobacco and other drug use in patients and to provide and/or refer patients who have substance abuse problems for treatment.
 - E. The federal government should support research aimed at designing and evaluating strategies that small and large businesses can implement to reduce substance abuse among employees and the impact of substance abuse on the workplace.
- II. *Substance abuse must be recognized as a public health problem that can be prevented and treated.***
- A. Prevention programs should be expanded to include initiatives in the workplace, the schools, and the community.
 - B. Efforts to learn more about community-based prevention in order to reach more youth out of school and adults in the workplace should be supported.
- C. Treatment capacity should be expanded to make a wide range of appropriate and effective treatment options available for those who need treatment.
 - D. Treatment for substance abuse should be included as part of any comprehensive health care delivery system.
 - E. Treatment capacity and appropriateness should be coordinated by a central referral mechanism outside the treatment system.
 - F. Treatment services should be coordinated with other health and social service agencies to adequately meet the needs of individuals with multiple problems and to provide the greatest opportunity for success in treatment.
 - G. Rural areas present unique problems in substance abuse prevention, treatment and enforcement that must be met through the use of interdisciplinary team approaches in well integrated community settings.
 - H. Research that evaluates the components and costs of effective treatment for various populations, such as women and their children, juveniles, the homeless, and criminal offenders, and effective primary and secondary prevention activities should be supported.
 - I. Research into new behavioral treatments and pharmacotherapies for substance abuse should be expanded.
- III. *National substance abuse policies and strategies should be focused on reducing the demand for alcohol, tobacco and other drugs.***
- A. The federal government should establish a "no use" standard of illicit drugs.

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10

- B. The federal government should continue to focus on casual users through prevention and treatment efforts.
- C. The federal government should increase its focus on hard core drug users through treatment and coercion efforts.

IV. Greater emphasis must be placed on protecting children and youth from substance use through the development of a comprehensive strategy that recognizes the importance of intervening at the earliest opportunity.

- A. Programs to prevent the use of alcohol, tobacco and illicit drugs by children and youth should be expanded.
- B. Treatment for youth who are using alcohol, tobacco and illicit drugs should be expanded.
- C. Programs for the parents of children with substance abuse problems should be established.
- D. Programs for pregnant, substance-using women should be expanded.
- E. The disparities in knowledge of alcohol and other drug use between school-age youth and parents should be recognized and addressed.

V. Broad-based community coalitions should be recognized and supported as a vehicle for implementing a comprehensive substance abuse strategy that includes prevention, education, treatment and law enforcement.

- A. The federal government should provide leadership and support for community coalition efforts.
- B. Funding and programming at the federal level should be coordinated to encourage and mobilize traditional systems/agencies at the state and local level to develop creative linkages and adopt innovative strategies for addressing the substance abuse problem.

- C. The federal government should recognize that communities are well positioned to determine how to use federal and other resources most effectively to deal with substance abuse and violence as it exists locally.

- D. The federal government should develop a strategy to more broadly disseminate information to communities on strategies or programs that "work."

VI. Violence must be viewed as a public health problem that is inextricably intertwined with substance abuse.

- A. Violence prevention programs should be available to children at an early age in the schools and the community.
- B. Informational campaigns that illustrate the link between substance use and abuse and violence need to be enhanced.
- C. The federal government should take a more active role in providing leadership to discourage the portrayal of violence on television and in other media.
- D. A range of community-based services should be available and accessible to high risk and delinquent youth.
- E. The justice system should place a high priority on the assessment and treatment of alcohol and other drug problems of persons in court on domestic violence or child abuse and neglect charges and should develop treatment programs to intervene with the children of these individuals.

VII. The criminal justice system should develop new approaches to criminal justice that foster linkages between the community, the courts and the criminal justice system.

- A. The criminal justice system should provide a continuum of mandatory prevention and treatment services to drug-involved offenders in jail, prison, and on probation and parole. Linkages to community-based treatment should be provided to ensure continuing care upon release.

- B. Alternatives to incarceration that include alcohol and other drug treatment and intermediate sanctions should be expanded.
- C. Law enforcement approaches such as community policing that prevent and reduce violence should be implemented nationwide.
- D. The federal government should disseminate information to communities to assist them in eradicating open-air and flagrant drug markets.
- E. Voluntary pretrial drug testing programs should be supported as a means of identifying and treating offenders immediately upon arrest.
- F. Court officers should be trained to identify and refer offenders with alcohol and other drug problems at the earliest possible point of intervention.

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New Directions for National Substance Abuse Policy

The day-to-day impact of substance abuse on the lives of children and adults lies in stark contrast to the priority these issues receive on the nation's agenda. As a society, we continue to deny that a colleague, a friend or a loved one has a substance abuse problem. Politicians reduce the problems to rhetoric. Media pundits narrow the scope to inner city neighborhoods. Policymakers argue over the appropriate allocation of resources. Unfortunately, this situation loses sight of the people whose lives are torn apart by drugs, alcohol and tobacco. For example:

Jill

When Jill was 6, her parents began a multi-year custody battle that ultimately ended in divorce. By the time Jill reached 15, her mom had married twice—first to an alcoholic and then to a drug addict. Jill has been physically abused by her step-fathers and sexually abused by her uncle. Her grades in school have dropped and she has become very argumentative with friends. Jill describes herself as depressed and lonely. She has thought about suicide many times. She realizes she needs help, but doesn't know how to tell her mother without incurring her mother's anger or making her mother defensive.

Jennifer

Jennifer is from a white, upper middle class family. At 15, she began skipping school and running away from home to be with friends. Violence, drinking and taking drugs soon became a way of life for her. When asked about her future, Jennifer would reply that "she didn't have one."

At 16, Jennifer joined a gang for security, friendship, and a sense of self-worth. In Jennifer's words, the gang became the family she never had. As a member of the gang, Jennifer robbed and shot at people, and watched as several of her friends were murdered.

Although Jennifer has now turned her life around, she worries about the impact of violence on our communities and on other children less fortunate. She worries about the future and about the lack of employment opportunities, especially for youth who have been involved with the justice system.

Larry

Larry has severe allergies to many substances, among them tobacco smoke. After looking for employment for six months, Larry recently obtained a new job with a small manufacturing company. Larry was assigned to a small unit where several of his co-workers smoke. His employer does not have a workplace policy on tobacco or drug use. Larry is afraid that he will be forced to quit because of the smoke.

Tragically, these situations are neither unique nor isolated events. Substance abuse is undoubtedly our nation's number one public enemy affecting institutions ranging from the health care and justice systems, to businesses and schools, and to the family itself.

At least \$140 billion of the \$1 trillion Americans will spend on health care next year is attributable to substance abuse and addiction.¹ A recent Center on Addiction and Substance Abuse study found that more than \$7.4 billion of the \$41 billion Medicaid will spend on in-patient hospital care in 1994 can be traced directly to smoking, chewing tobacco, alcohol and illicit drug use. This figure does not take into account the victims of violence sparked by drugs and alcohol abuse, the number of insurance claims filed by workers injured on the job due to their illicit drug or alcohol abuse or the smokers and prescription-drug abusers whose hospital records do not reveal substance abuse.² Moreover, alcohol, tobacco and other drug use result in more deaths, illnesses and disability than any other preventable health condition.

Substance abuse contributes greatly to the escalating incidence of violent crime, domestic violence, and maltreatment of children. Illicit drugs and alcohol are implicated in at least three-fourths of the nation's homicides, suicides, assaults, rapes and child molestations. Eighty percent of state and local prisoners are incarcerated for crimes they committed while under the influence of illicit drugs and alcohol. Similarly, according to a 1987 survey of youth in long-term, state-operated juvenile institutions, 63.1 percent of the youth reported using drugs on a regular basis (defined as once a week or more for at least a month), and 39.4 percent reported using drugs at the time of the offense for which they were incarcerated.³ The violence and crime that often accompanies substance abuse have destroyed many neighborhoods and eroded the sense of security previously felt by most Americans.⁴

Although casual drug use has declined slightly in recent years, hard core drug use remains as high as ever. Traditionally, our society has turned to the criminal justice system to solve the problems of crime and violence. While we recognize the importance of the justice system as a component of an overall strategy to address substance abuse and drug-related violence, law enforcement and the courts alone cannot solve the problem. Government alone cannot solve the problem. Grassroots organizations alone cannot solve the problem. To be successful, we must begin to fashion a comprehensive, coordinated approach at every level—local, state, and federal—that balances law enforcement with prevention, education and treatment efforts.

Our current approach to the problem of substance abuse is piecemeal and fragmented. Federal funding constraints and program requirements restrict the ability of state and local governments to meet the multiple needs experienced by individuals with substance abuse problems. By contrast, the goal of a national substance abuse policy should be the development of a comprehensive, coordinated, and creative strategy that:

- ▶ recognizes the critical role communities play in implementing the strategy;
- ▶ provides flexible funding opportunities to communities and removes artificial barriers that inhibit the development of innovative programs;

- ▶ encourages coordination and collaboration at the federal, state and local levels among service systems and between the public and private sectors; and
- ▶ creates an awareness that alcohol, tobacco and other drugs constitute a public health problem that can and should be addressed by every community.

The American Bar Association's Special Committee on the Drug Crisis, in cooperation with many diverse national organizations, set about the task of developing such a national policy. Our goal has been to draw upon experiences that work at the state and local level, and to translate them into new directions for a national alcohol, tobacco and other drug policy. These new directions focus on the following principles:

- ▶ A comprehensive substance abuse policy must include the prevention and treatment of alcohol and tobacco problems as well as other drugs;
- ▶ Substance abuse must be recognized as a public health problem that can be prevented and treated;
- ▶ National substance abuse policies and strategies should be focused on reducing the demand for alcohol, tobacco and other drugs;
- ▶ Greater emphasis must be placed on protecting children and youth from substance use through the development of a comprehensive strategy that recognizes the importance of intervening at the earliest possible opportunity;
- ▶ Broad-based community coalitions should be recognized and supported as a vehicle for implementing a comprehensive substance abuse strategy that includes prevention, education, treatment and law enforcement;
- ▶ Violence must be viewed as a public health problem that is inextricably intertwined with substance abuse; and
- ▶ The criminal justice system should develop new approaches to criminal justice that foster linkages between the community, the courts, and the criminal justice system.

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I. *New Directions for Alcohol and Tobacco Policy*

A. PRINCIPLE

A comprehensive substance abuse policy must include the prevention and treatment of alcohol and tobacco problems as well as other drugs.

B. RATIONALE

In recent years, our nation's drug policy has focused primarily on illicit drugs, giving little or no attention to the devastating effects of alcohol and tobacco. A comprehensive national drug policy must, first and foremost, address the use of illicit drugs. But, the policy cannot stop with illicit drugs. In 1991, 103 million Americans reported they had used alcohol in the past month, 46 million had smoked tobacco, and almost 13 million had used illicit drugs.⁵

As the following statistics indicate, alcohol and tobacco are responsible for more deaths on an annual basis than all illicit drugs combined:

- ▶ Alcohol is a major cause of premature death in the United States. Each year 200,000 persons die from disease or accidents related to alcohol. It is the cause of nearly half of all deaths resulting from motor vehicle accidents, suicides, and homicides.
- ▶ Tobacco use is responsible for more than one in every six deaths in the United States. It is the single most important preventable underlying cause of death and disease and accounts for about 410,000 or 20 percent of all U. S. deaths a year. Cigarette smoking accounts for 21 percent of all deaths attributed to coronary heart disease, 30 percent of all deaths attributed to cancer generally (or all cancers), and 90 percent of all deaths attributed to lung cancer.⁶

The U.S. Secretary of Health and Human Services noted in a recent report that, in 1988, as many as 15.3 million Americans met the criteria for alcohol abuse, dependence, or both, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised. The consequences of this abuse or dependency are demonstrated below.

Alcohol and Its Impact on Families

Alcohol is the drug most associated with many forms of violence, including domestic violence. Nearly 20 percent of men and more than 25 percent of women report that drinking has been a factor leading to trouble in their family.⁷ Families with problem drinkers often experience a number of difficulties, including violence between spouses, child abuse and a higher likelihood of raising children—especially boys—who themselves become problem drinkers.⁸

Children in families where alcohol is a problem are more likely to exhibit emotional and adjustment difficulties, such as aggressive behavior, conflict with peers, conduct problems, bouts of hyperactivity and poor school adjustment.⁹ In addition, these young people miss school more often and have more physical ailments and serious injuries than do children raised in homes where alcohol is not prevalent. According to a 1993 report by the National Academy of Sciences, the earlier an adolescent begins to drink, the more likely he or she will be violent as an adult.¹⁰

Alcohol and Its Impact on the Justice System

Alcohol is also a significant problem within our prison population. As many as 80 percent of those entering prison have a history of alcohol abuse and/or illicit drug use. In 1986, more than half of the violent offenders entering state prisons reported that they committed the offense under the influence of alcohol and/or illicit drugs.¹¹ Seventy-six percent of offenders or victims in manslaughter cases reported the use of alcohol or drugs; and 50 percent of offenders or victims in sexual assault cases were using alcohol or illicit drugs at the time of the offense.¹²

Alcohol and Tobacco and Their Impact on the Workplace

Alcohol and tobacco use takes a considerable toll on the workplace. Excessive drinking causes reduced productivity on the job and can lead to increased accident rates as well as higher health care costs. It is also well-demonstrated that heavy and consistent exposure to second-hand smoke can have effects similar to those of being a moderate smoker oneself.¹³ The annual death toll from passive smoking, including exposure in the home and in the office, may well be in the tens of thousands.¹⁴

In summary, the importance of mitigating the most harmful effects of alcohol and tobacco is recognized by prevention professionals. Alcohol and tobacco are considered by many prevention professionals as "gateway" drugs to illicit drug use.¹⁵ A comprehensive national drug policy must, first and foremost, address the use of illicit drugs and the use/abuse of alcohol and tobacco. The policy must continue to mobilize social disapproval of the use of illicit drugs through prevention programs. It must address the prevention of alcohol and tobacco use, and discourage alcohol use by underage youth and alcohol abuse by adults. Finally, treatment at the earliest opportunity must be a priority for persons who are already engaged in the use of illicit drugs or the abuse of alcohol and tobacco.

C. RECOMMENDATIONS

1. Federal, state and local policies should mobilize social disapproval of the use of tobacco and the abuse of alcohol.

Social acceptance of tobacco use and alcohol abuse has eroded slightly in recent years. Efforts to persuade Americans to stop smoking have been tremendously successful. Nonetheless, 30 years after the release of the Surgeon General's report linking smoking to cancer, more than 1,000 Americans a day still die from tobacco use, and 3,000 children try cigarettes for the first time each day.¹⁶ More importantly, new evidence suggests that the steady decline in cigarette smoking over the past 25 years may be ending, and at least one study

hints that a resurgence may be underway.¹⁷ The latest annual health survey conducted by Princeton Survey Research Associates for *Prevention* magazine suggests that a new category of "social smokers"—those who only light up occasionally—may be emerging.¹⁸

Similarly, several steps have been taken to discourage the use of alcohol among pregnant women and youth, and encourage responsible use among adults. Since 1991, alcoholic beverages have carried labels warning of the dangers of alcohol use to fetuses and while driving. In addition, many states have reduced the amount of alcohol that drivers may legally consume and enforce these standards more rigorously.¹⁹

Nonetheless, despite the social and economic costs of tobacco use and alcohol abuse, few Americans view the use of tobacco or the abuse of alcohol in the same light as the use of illegal drugs. Indeed, popular culture in America has consistently glamorized the use of alcohol and tobacco. Seldom mentioned in these messages are the dangers of using and misusing these substances.

Stronger leadership at every level is required to deglamorize tobacco use and encourage responsible alcohol use. Higher taxes on alcohol and tobacco, and more aggressive regulation of advertising and sales can help reduce consumption, especially among youth who are increasingly the target of tobacco and alcohol advertising. Finally, our national leadership should push for mandatory smoke-free schools, workplaces and public buildings.

2. State and local policies must aggressively discourage the use of alcohol and tobacco among adolescents and the abuse of alcohol among adults.

The use of alcohol, illegal drugs, and tobacco frequently begins in adolescence. Despite the fact that alcohol use among adolescents is illegal, three out of five high school seniors who have used alcohol, and about half of those who have used marijuana, first used it before the tenth grade.

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Similarly, while almost every state prohibits the sale of cigarettes to underage youth, a 1989 survey reported that there were 2.6 million current smokers ages 12 to 17, and over half said they usually buy their own cigarettes.²⁰

Although alcohol use is legal for adults, certain activities are against the law, including driving under the influence of alcohol, disorderly conduct, public drunkenness, and liquor law violations. In spite of the illegality of these activities, enforcement is often spotty. And, although driving under the influence of alcohol is a criminal offense in all fifty states, penalties usually involve fines, the loss of a driver's license, and driver's education. In recent years, some states have begun to impose harsher penalties, including jail time, but often these penalties are unevenly enforced.

Our country made great strides in the 1980s in successfully raising the minimum age for consumption of alcohol to 21. Many communities have limited early tobacco use by such measures as eliminating coin-operated cigarette dispensers in public facilities. We must continue to develop and encourage policies such as these. Further, we must aggressively enforce violations of alcohol and tobacco laws.

3. Treatment should be provided at the earliest opportunity for persons with substance abuse problems.

All too often individuals with substance abuse problems are not treated until they reach the criminal justice system, and then the number of individuals treated is minimal. Indeed, most individuals do not seek treatment on their own but are compelled to do so by their family, their employer, the legal system, or some combination thereof.²¹ Opportunities to seek treatment must be available in the schools, in the workplace, and in community settings for children and their families.

Intervening with offenders who have alcohol and other drug problems at the earliest possible opportunity can reduce jail and prison populations, streamline court dockets, and most importantly, prevent first-time and non-violent offenders from becoming enmeshed in the criminal cycle. The time of arrest is a crisis point for many individuals with substance abuse problems. Criminal justice personnel should be trained to identify and refer offenders with alcohol and other drug problems at the earliest possible point of intervention.

4. Primary health care providers should be trained to identify alcohol, tobacco and other drug use in patients and to provide and/or refer patients who have substance abuse problems for treatment.

Primary care providers outside treatment centers often have little training in addiction and, as a result, may be reluctant to assess or treat patients with alcohol, tobacco, and other drug problems. Often other barriers, such as low salaries, poor or inadequate facilities, and risk of infection from related diseases further exacerbate the problem. In addition, the perception of the addict as a target for social and moral scorn rather than as a patient with a disease contributes to the lack of support for enhanced treatment opportunities.

Federal health care policy should focus on primary care providers as an effective means of disseminating anti-smoking and anti-alcohol messages on a one-to-one basis and as a way of increasing the capacity of the system to assess substance abuse problems. These providers have more than 90 million outpatient clinical encounters each year in the United States and are in a position to address the issue of alcohol and tobacco use with patients who seek care for matters ranging from routine health maintenance in a primary care clinic to traumatic injury in an emergency room.

Appropriate resources should be made available to finance the training of health care providers to equip them to identify alcohol, tobacco and other drug use in patients and to provide and/or refer

patients to treatment for their substance abuse problems. The federal government should work with the higher educational system to provide opportunities for health care providers, including those already in practice, to receive training in the prevention and treatment of alcohol, tobacco and other drug use.

5. The federal government should support research aimed at designing and evaluating strategies that small and large businesses can implement to reduce substance abuse among employees and the impact of substance abuse on the workplace.

Nearly 75 percent of individuals with substance abuse problems are gainfully employed. The workplace is increasingly a critical point of intervention with employees and their families. Designing

effective strategies for small- to mid-sized businesses is particularly important. In 1988, approximately 80 percent of large employers (250 employees or more) had an Employee Assistance Program (EAP), whereas in 1990, only 9 percent of small businesses (1 to 49 employees) had such a program.

The U.S. Department of Labor should work with the private corporate community to test strategies for reaching small- to mid-sized employers. In addition, the federal government should provide incentives to employers to develop comprehensive workplace programs for employees and their families.

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II.

Substance Abuse as a Public Health Issue

A. PRINCIPLE

Substance abuse must be recognized as a public health problem that can be prevented and treated.

B. RATIONALE

In the past decade, this country's drug policy has emphasized reduction of the availability of illicit drugs through the combined efforts of law enforcement, interdiction, and negotiation with countries where drugs are grown. From 1981 to 1991, federal spending on law enforcement increased 737 percent, with interdiction efforts leading the increase.

Our policies have led to the arrest and incarceration of record numbers of Americans—the number of state and local arrests for drug offenses increased 25 percent while the number of persons imprisoned for drug offenses rose 327 percent.²² Although law enforcement has made admirable strides in addressing the problem of illicit drugs, law enforcement alone cannot solve the drug problem. A more effective approach is the adoption of a comprehensive strategy that places prevention, education and treatment on a par with law enforcement and interdiction efforts.

Framing the substance abuse problem as a public health issue permits the discussion of prevention, education and treatment measures. Preventing substance abuse, and treating it at the earliest opportunity for those who already have problems, can reduce the need for more costly intervention measures later on. For every dollar spent on prevention and treatment, \$11 can be saved in future health care costs.²³

Prevention programs, if carefully designed, can save lives, contain health care costs and lower the social costs associated with the use of alcohol, tobacco and other drugs. The millions of American who have stopped smoking, the increased public

awareness of the effects of alcohol and tobacco on the fetus and the effects of passive smoke are examples of changes in behavior and attitudes that have resulted from prevention efforts.

Similarly, a range of treatment programs or "secondary prevention" efforts such as self-help programs, outpatient counseling and residential care must be an integral part of a comprehensive substance abuse strategy. Since the early 1980s, treatment has been a declining priority.²⁴ In 1991, treatment received 14 percent of the \$10.5 billion federal drug budget compared to 25 percent ten years earlier.²⁵ The decrease in budget combined with the cocaine epidemic, which created millions of new addicts, left many cities scrambling for adequate treatment resources.

Although enforcement is an important component of an overall substance abuse strategy, adopting a public health approach will enable us to focus on preventing unnecessary disease, disability, and premature death, and on promoting healthy lifestyles overall. Moreover, intervening at the earliest opportunity can be helpful in preventing other problems that often accompany substance abuse such as the disintegration of the family and drug-related violence. Finally, a public health approach permits the development of more sensible policies with respect to diseases such as AIDS, tuberculosis and hepatitis B that are related to drug use.

C. RECOMMENDATIONS

1. Prevention programs should be expanded to include initiatives in the workplace, the schools, and the community.

Primary prevention programs persuade individuals to alter their attitudes about substance use or to change their behavior. The impact of the anti-smoking campaign that linked tobacco use to cancer on the reduction in the number of smokers is an example of the effectiveness of primary prevention in changing behavior and attitudes.

However, primary prevention efforts must be carefully designed and targeted. Prevention efforts that focus on convincing individuals—employers, teachers, physicians, parents, and coaches—who have the trust and respect of targeted audiences to provide information about the dangers of drug use may be the most promising.

In addition, programs, particularly those directed at youth, that address themselves to the promotion of positive youth development and outcomes by teaching children decision-making skills, personal responsibility and resistance to social pressure should be a part of any anti-drug strategy.

2. Efforts to learn more about community-based prevention in order to reach more youth out of school and adults in the workplace should be supported.

Primary prevention and early intervention services need to be enhanced in community settings, including the schools, the workplace, public housing and homeless shelters, to reach adults who are employed as well as unemployed and out-of-school youth and adults. The federal government should support research to learn more about community-based prevention.

3. Treatment capacity should be expanded to make a wide range of appropriate and effective treatment options available for those who need treatment.

Effective treatment can reduce the demand for alcohol, tobacco and other drugs and assist in reducing the social costs of alcohol and other drug dependency. Nonetheless, each year thousands of individuals who need treatment are unable to get it. Of the estimated 5 million persons who need treatment for illicit drug problems and 18 million who require treatment for alcohol abuse, less than 25 percent of those needing treatment get it, unless they can afford to pay for private care.²⁴

The lack of access to treatment is not simply an issue of expanding treatment capacity. Treatment programs vary widely in quality, and many treatment programs fail to assess the medical and psychological needs of the individual and match them with appropriate treatment. The most appropriate and effective treatment for an individual

depends on a variety of factors, including the severity of an individual's addiction, the types of substances abused, the family and social support network, and the cultural and social economic background of the individual.²⁷ Moreover, relapse prevention techniques are not yet integrated into all treatment approaches.

A range of treatment services are required to meet the specific needs of diverse populations, such as women and their children, adolescents, the homeless and criminal offenders. Moreover, treatment should be available in a variety of settings, including the workplace, schools and the criminal justice system. The U.S. Department of Health and Human Services should work in cooperation with states to identify and implement appropriate models for alcohol and other drug treatment services at the local level.

4. Treatment for substance abuse should be included as part of any comprehensive health care delivery system.

Health costs in the United States are expected to surpass the \$1 trillion mark in 1994.²⁸ With or without the enactment of a national health care plan, about one dollar in seven is expected to be spent on health care. Many of these costs are related to the use of alcohol, tobacco, and other drugs. Yet, it is estimated that at least 2 to 3 million Americans with drug and alcohol problems are unable to obtain treatment.

Drug and alcohol treatment is cost-effective. By intervening at the earliest opportunity, savings can be realized in emergency room care, worker's compensation benefits and in other far more expensive medical treatment that can result if an addict goes without treatment. Drug and alcohol treatment can prevent mental health problems and many other diseases, including AIDS, hepatitis, cirrhosis, cancer, cardiopulmonary and respiratory diseases, and serious physical injuries, including those suffered in auto crashes.²⁹

Substance abuse treatment services should be included as part of a standard health care benefit package guaranteed to all Americans. The benefit should cover a wide range of services that are carefully managed so that individuals get appropriate care.

5. Treatment capacity and appropriateness should be coordinated by a central referral mechanism outside the treatment system.

Although the availability of treatment for those with substance abuse problems is a dilemma for many communities, the issue is more complicated than simply a scarcity of treatment slots. In many communities, treatment may be available, but it is inappropriate for the client. Alternatively, a lack of information about availability results in some treatment programs developing long waiting lists while others have unfilled slots.

In most communities, there is not an adequate system for identifying available treatment resources, for matching individuals to the treatment option that fits their needs, or for determining the priority for treatment based on needs. Effective management of substance abuse treatment services is essential to a more coherent system where individuals are matched to appropriate services and where available treatment slots can be readily identified. A central referral mechanism could serve as a "gatekeeper" to the entire treatment system assigning individuals with alcohol and other drug problems to treatment on the basis of need and appropriateness and with due regard for cost-effectiveness.

One option for addressing this issue, as recommended in a recent GAO report, is the expansion of the Treatment Alternatives to Street Crime (TASC) program. TASC is a system of identification, screening, assessment, referral, drug testing and case management that was initiated in 1972. TASC programs currently provide a bridge between the criminal justice and treatment systems. They utilize, but are independent of, the treatment system. Recently, many TASC programs have expanded services to non-criminal justice clients and many now do referral to a wide array of services other than drug treatment.

Finally, although treatment services vary in quality, many are funded without being held accountable for the effectiveness of the treatment they deliver. Every treatment program should have an evaluation component and should be regularly reviewed for effectiveness. Those programs that are not effective should be eliminated.

6. Treatment services should be coordinated with other health and social service agencies to adequately meet the needs of individuals with multiple problems and to provide the greatest opportunity for success in treatment.

Individuals with alcohol and other drug problems often require multiple services, including child care, transportation, family counseling and housing assistance. Addressing the multiple needs of persons with alcohol and other drug problems is often critical to the individual's ability to stay in treatment. To ensure an individual's full participation in treatment, substance abuse services should be linked to other human services. In addition, follow-up services to treatment, including education and job training, are essential to the continuing recovery of individuals with alcohol and other drug problems.

In short, because drug and alcohol dependence is only one symptom of what is normally a cluster of problem behaviors, there is a tremendous need for various agencies and systems to work in collaboration with each other to define and meet the individual needs of each person who comes to them for help.

7. Rural areas present unique problems in substance abuse prevention, treatment and enforcement that must be met through the use of interdisciplinary team approaches in well integrated community settings.

Rural areas of the United States present unique problems in substance abuse prevention, treatment and enforcement. While it is generally acknowledged that the use of illicit substances such as crack cocaine and heroin are less common in rural areas, alcohol dependence and the inhalation of solvents, in contrast, are apparently higher among rural than urban residents. But, in addition to drugs and other substances, the added factors that must be addressed in rural areas are those of access and stigma (cultural attitudes toward accepting prevention and seeking treatment). The availability of social services, health and mental health providers in rural areas is scant relative to urban areas and getting worse. Moreover, the infrastructure is shrinking (163 rural community hospitals have closed since 1980). Enforcement can also be difficult in rural areas. Alternatives

for addressing the needs of offenders with substance abuse problems are often lacking or not easily accessible.

Given these conditions, the prevention, treatment and enforcement approaches in rural areas must not be scaled back versions of urban approaches, but must be innovations that take into account rural culture and ethnicity, interdisciplinary team efforts that maximize the effectiveness of existing personnel, and community approaches that integrate government, social, health and mental health, religious, and other organizations.

8. Research that evaluates the components and costs of effective treatment for various populations, such as women and their children, adolescents, the homeless, and criminal offenders, and effective primary and secondary prevention activities should be supported.

At the advent of the cocaine epidemic, too few programs were equipped to meet the varying needs of cocaine addicts, including the use of alcohol, and of different populations such as women and their children and adolescents. Treatment services specifically tailored to these populations remain scarce. Substance abuse among pregnant women is a growing problem as thousands of babies are now born each year who have been exposed to alcohol, tobacco or other drugs. The effects of maternal cigarette smoking on the fetus—premature labor, low birth-weight and sudden infant death syndrome (SIDS)—are similar to those of cocaine.³⁰ And, alcohol use by mothers during pregnancy is known to cause mental retardation in babies.³¹ These mothers need comprehensive services, yet currently

fewer than 11 percent of pregnant addicted women receive drug treatment and many fewer receive comprehensive services.³²

Adolescents are another special population in need of substance abuse services. We need to expand treatment capacities in positive, non-threatening environments that encourage their willingness to seek assistance at the earliest possible opportunity.

9. Research into new behavioral treatments and pharmacotherapies for substance abuse should be expanded.

There are many new behavioral treatments for substance abuse that need to be investigated. These include methods of motivation enhancement to overcome "denial" and move patients into treatment. Behavioral treatment supporting pharmacotherapy should also be the subject of research. Behavioral treatment research programs of the Center for Substance Abuse Treatment and the National Institute on Alcohol Abuse and Alcoholism need to be expanded.

Research into new compounds that can serve to counteract drug addiction is critical to identifying long-term and less expensive treatment approaches. Recent research into the treatment potential of Ibogaine, for example, has suggested that addiction neurology may be broader than a disordering of the dopamine and serotonin systems of the brain. Continued and expanded research, ranging from basic science to expanded human trials, is a critical component of a national alcohol and other drug strategy. The drug development research programs of the National Institute on Drug Abuse should be expanded.

III.

New Directions in Reducing Demand

A. PRINCIPLE

National substance abuse policies and strategies should be focused on reducing the demand for alcohol, tobacco and other drugs.

B. RATIONALE

We applaud the Office of National Drug Control Policy (ONDCP) for emphasizing demand reduction as a primary goal of its Interim Strategy. For too long, the focus of national drug policy has been on reducing the supply of illicit drugs with little attention to reducing demand.

Demand reduction efforts generally focus on changing the drug-related attitudes and behavior of individuals through prevention, education and treatment efforts. By shifting the focus to the demand side, we engage the "helping professions"—teachers, physicians, social workers and other health care workers—in our effort to reduce the use of alcohol, tobacco and other drugs.

Although we support the shift to demand reduction, we also recognize the necessity and value of a strong law enforcement program. Enforcement, which includes the courts and corrections, can influence demand as much as supply. Our approach to reducing substance use must be comprehensive. Prevention, education and treatment should be carefully balanced with law enforcement.

C. RECOMMENDATIONS

1. The federal government should establish a "no use" standard of illicit drugs.

We agree with the Office of National Drug Control Policy (ONDCP) that it is vitally important for our drug prevention programs to establish a strong "no use" standard of any illicit drug, including marijuana. We further agree with ONDCP that drug prevention programs should educate our

citizens about the risks and dangers of illicit drug and alcohol use. Finally, we believe that the Administration should take a strong position of leadership in advocating for the reduction of the use of tobacco and in educating Americans the responsible use of alcohol.

2. The federal government should continue to focus on casual users through prevention and treatment efforts.

In recent years, significant progress has been made in reducing experimentation and casual use of alcohol, tobacco and illicit drugs. Nonetheless, in 1992, a modest but statistically significant increase was noted in the use of illicit drugs by eighth-graders. For many persons who used illicit drugs, experimentation began at a young age with alcohol and cigarettes and evolved over time to marijuana, cocaine, and illicit drugs.

Prevention programs can have an impact on deterring persons from beginning use as well as reducing casual use. Our prevention efforts should begin at an early age with programs that assist in the development of social competencies such as skill building, character development, and stress management. In addition, programs that provide information on the health consequences of using alcohol, tobacco or illicit drugs are critical. Further, our prevention efforts should be geared to reaching different populations through the schools, the workplace, the medical community, the legal community, and the media. Finally, our prevention programs should involve all systems, including law enforcement.

Treatment in accessible and non-stigmatizing settings must be available for casual users who need and want to quit. We must continue to work to ensure that casual users understand the risks of drug use and are encouraged to seek treatment.

3. The federal government should increase its focus on hard core drug users through treatment and coercion efforts.

A final goal should be to get people with severe alcohol and illicit drug problems to quit. Heavy drug use continues to be a major problem in this country. While recent studies have shown a decline in casual consumption of illicit drugs, consumption among heavy users (once a week or more often), who account for four-fifths of all consumption, remains high. The number of heavy users of illicit drugs continued to grow throughout the 1980s, although recent evidence indicates that the number may be stabilizing and even declining for some illicit drugs.

The importance of increasing emphasis on heavy users to minimize the damage to society caused by their actions is evident. Heavy drug users provide most of the demand for cocaine, heroin, and other drugs. They commit much of the nation's crime and violence and they are more likely to fill the jails, prisons, and hospital emergency rooms. Heavy drug users are more often associated with costly health care, the spread of HIV/AIDS, and the destruction of families, neighborhoods, and communities.

Many heavy drug users cannot get treatment even if they want it due to a lack of treatment resources. It is estimated that the current system can treat less than twenty-five percent of the current total need. Most critical is the lack of treatment availability for "disordered" drug abusers, many of whom are within the criminal justice system. Also needed is more treatment for persons using substances who are HIV-infected and pregnant. Treatment resources need to be expanded to address the needs of these populations.

Hard core drug users who are in the criminal justice system should have access to treatment, and should be required to quit their drug use. Further, monitoring should occur on a regular basis to ensure that hard core drug users in the criminal justice system remain clean.

Treating substance abuse requires patience and a long-term commitment. Recovery is often slow and difficult. Unless we make the commitment to treat, we will never solve the drug problem, regardless of the number of persons we arrest, convict, or confine.

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IV.

New Directions for Children and Youth

A. PRINCIPLE

Greater emphasis must be placed on protecting children and youth from substance use through the development of a comprehensive strategy that recognizes the importance of intervening at the earliest possible opportunity.

B. RATIONALE

Age is one of the most important factors determining the likelihood of alcohol, tobacco, or other drug use. Age is also related to subsequent patterns of use and problems associated with use. Young adults, ages 18 to 25, are the group most likely to use alcohol or illicit drugs or to engage in heavy alcohol use.

Many young people begin to experiment with alcohol, tobacco, and other drugs at very early ages. Current evidence suggests that they are beginning to experiment with a wider variety of drugs and at an earlier age than ever before. According to recent data, 70 percent of eighth graders report having tried alcohol, ten percent have tried marijuana and two percent cocaine, 44 percent of this population have smoked cigarettes. By the twelfth grade, about 88 percent have used alcohol, 37 percent have used marijuana and eight percent cocaine, and 63 percent have smoked cigarettes.

Moreover, recent reports indicate that heavy drinking among young people is widespread. Thirteen percent of eighth graders, 21 percent of tenth graders, 28 percent of twelfth graders, and 41 percent of college students in one survey stated that they had had five or more drinks in a row at least once in the prior two-week period.

Tobacco use is also problematic for children. Despite the demonstrated health risks associated with smoking, some 28 percent of high school seniors smoke cigarettes, and 17 percent do so on a daily basis. The use of tobacco by children can have serious consequences. Youngsters hooked on tobacco at an early age are more likely to do poorly in school, engage in disruptive and otherwise troublesome behavior, and have difficult relations within their families.³³ Perhaps more importantly, the connection between adolescent tobacco smoking and adolescent marijuana smoking is very strong. Some 94 percent of all high school seniors who smoke more than a pack a day, and 75 percent of those who have used cigarettes at least three times, have also tried marijuana. Thus, tobacco smoking may well be indirectly responsible for adolescent experimentation with illegal drugs.

The above statistics indicate that junior high and high school students, in particular, are not paying attention to messages about the consequences of substance abuse. We must take more aggressive action to educate and promote healthy lifestyles, especially among young children.

Protecting children from alcohol, tobacco and other drugs is not simply an issue of preventing children from using substances. An increasing number of children are exposed to illicit drugs before birth. A pilot study of 36 primarily urban hospitals estimated that 375,000, or 11 percent, of all infants are exposed to alcohol or illicit drugs in utero each year.³⁴ The American Academy of Pediatrics has estimated that one of every 10 newborns in the United States has been exposed to an illicit drug. A 1990 study by the U.S. General Accounting Office found an estimated 361 percent increase in the number of drug-exposed newborns between 1979 and 1987, with most of the increase occurring after 1983.³⁵

Abuse of alcohol can also present problems for unborn children. Heavy drinking by pregnant women can give rise to Fetal Alcohol Syndrome, which leads to physical and developmental abnormalities. Current estimates indicate that between 8 and 11 percent of women of childbearing age are either problem drinkers or alcoholics.³⁶ Smoking during pregnancy accounts for 20 to 30 percent of all low birth-weight babies, up to 14 percent of pre-term deliveries, and 10 percent of infant deaths.³⁷

Children of parents who have substance abuse problems are very likely to suffer even further. Reports of child neglect and abuse have increased rapidly in recent years, and many such incidents are believed to be directly related to illicit drug use among parents. In New York City, crack cocaine is blamed for the threefold increase in the city's child abuse and neglect cases in the late 1980s.³⁸

C. RECOMMENDATIONS

1. Programs to prevent the use of alcohol, tobacco, and other drugs by children and youth should be expanded.

The federal government should support comprehensive prevention programs for youth that begin at an early age. Programs that emphasize prevention, are credible to young people, and provide individual attention are most likely to succeed. Ancillary programs (such as mentoring and community service programs) can promote the moral and civic values and life skills that will help youngsters resist the temptation to experiment with drugs, alcohol and tobacco.

2. Treatment for youth who are using alcohol, tobacco and other drugs should be expanded.

Intervention efforts for children and youth must be swift, certain, and consistent and occur at the earliest possible opportunity. Effective treatment programs for children and youth who are already using alcohol, tobacco, and/or other drugs are especially critical. Treatment programs that offer comprehensive services such as drug education, peer support groups aimed at helping youth use problem-solving techniques and cope with every day realities, individual counseling, and

after-school activities ranging from recreational programs to community service projects are more likely to address the unique health and educational needs of juveniles. Finally, treatment programs must be available in settings that are easily accessible for children and youth, including schools, youth centers, neighborhood centers, and housing projects.

In the juvenile justice system, intervention efforts must include an array of sanctions ranging from diversion, probation or community service to secure confinement. Such intervention must be accompanied by appropriate treatment for those juveniles using alcohol and illicit drugs. Treatment programs must combine individual accountability with intensive treatment, rehabilitation and follow-up.

3. Programs for the parents of children with substance abuse problems should be established.

Many adolescents with substance abuse problems come from alcohol and drug-dependent families. Treating the adolescent without treating the family is apt to be less effective. We must develop programs that protect children from the harsh effects of substance abuse by treating their parents.

4. Programs for pregnant, substance-using women should be expanded.

Pregnant, substance-using women and their children frequently need a wide array of services, including treatment, prenatal and perinatal care, transportation, child care, developmental and educational services, vocational training, and housing. Moreover, the services must be coordinated and easily accessible for maximum effectiveness.

State and local governments provide many of these services already, but the scope and availability of services often vary dramatically from region to region. Adequate and appropriate treatment resources are particular problems for many communities. The federal government can enhance the development of a comprehensive array of services

for substance-using mothers and their children by providing technical assistance to states and communities to assist them in coordinating federal funding streams to support programs for this population.

5. The disparities in knowledge of alcohol and other drug use between school-age youth and parents should be recognized and addressed.

The real capacity for school and neighborhood reinforcement of drug-free messages is critically dependent on parental ability to be aware of information and techniques imparted to children in school programs. Workplace programs, in particular, have tremendous potential as a resource for disseminating information to parents about alcohol and other drug problems, and enlightening employees at the same time.

New Directions in Community Mobilization

A. PRINCIPLE

Broad-based community coalitions should be recognized and supported as a vehicle for implementing a comprehensive substance abuse strategy that includes prevention, education, treatment and law enforcement.

B. RATIONALE

In the Interim Strategy of the Office of National Drug Control Policy, the Clinton Administration has explicitly recognized the effectiveness of community coalitions in addressing the problems arising from substance abuse.³⁹ In communities across the country, coalitions of business, civic, media, governmental, justice, religious, and neighborhood leaders are organizing to develop new strategies and leverage resources for a comprehensive public attack on substance abuse. By bringing together a wide range of individuals, coalitions have formulated comprehensive drug programs, explained to government what resources and support they need to rid their neighborhoods of drug trafficking and drug abuse, and raised the public's awareness of drug abuse issues. Perhaps more importantly, community coalitions have given citizens a renewed hope that they can take control of their circumstances and restore their communities.

It is our belief that communities are in the best position to address the problems associated with alcohol, tobacco and other drug use. Community coalitions, if adequately supported, can be an effective vehicle for implementing a comprehensive strategy for addressing substance abuse. It is not enough to simply give communities more money; communities must also be given flexibility in allocating funding. Every community should be required to develop a comprehensive strategy to address substance abuse—one that is supported by the federal and state governments.

C. RECOMMENDATIONS

1. The federal government should provide leadership and support for community coalition efforts.

We applaud Congressional efforts to provide funding for community coalitions through the Crime Bill. This a beginning. But equally important is the role of the federal government in supporting community coalitions through technical assistance and training.

The concept of community coalition-building is not new to the federal government. In 1989, the Department of Health and Human Services initiated the Community Partnership Demonstration Grant Program (CSAP) to assist communities in creating coalitions focused on prevention. Approximately 250 communities have received \$221 million in partnership grants since the program's inception.

Initiatives such as the CSAP program need to be encouraged and supported by the federal government. The belief at the local level in the value of community coalitions as an approach for addressing substance abuse is demonstrated by the rapid growth in the number of coalitions since the late 1980s. Many of these coalitions, including the 250 Partnership programs, are in dire need of technical assistance and training to support their efforts.

Community leaders may be unfamiliar with the skills needed to address the problems of substance abuse, such as problem-solving, mobilization, coalition-building and advocacy. Even those groups who have marshalled volunteers to work on tobacco, alcohol, and other drug issues need training and technical assistance so that they can develop priorities and test strategies for dealing with local drug problems.

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In summary, the federal government should step up its efforts to encourage the development of community coalitions. As part of the federal government's investment in communities, training and technical assistance must be provided to ensure that community leaders have every opportunity for success. Such education would include, but not be limited to, technical assistance on how to conduct the planning process, education on state-of-the-art interventions, and opportunities for exchange visits with communities that have successful programs. The federal government should also provide incentives to encourage the development of coalitions in those communities without such programs.

2. Funding and programming at the federal level should be coordinated to encourage and mobilize traditional systems/agencies at the state and local level to develop creative linkages and adopt innovative strategies for addressing the substance abuse problem.

In most communities, many separate programs or agencies provide a wide range of services to narrowly defined target groups. For example, schools may provide prevention programs, the treatment sector may offer parenting classes and the churches may conduct early education programs. All too often these efforts are fragmented and uncoordinated. The result is cumbersome for individuals with alcohol and other drug problems, many of whom require multiple services (e.g. health, mental health, public welfare, corrections, employment, and housing).

Comprehensive approaches that are rooted in the community can and do work. For example, in St. Louis, four Missouri state agencies—the Departments of Elementary and Secondary Education, Mental Health, Health, and Social Services—have successfully joined with the Danforth Foundation to create a “village” in a community where most residents have low incomes, and neighborhoods are struggling with drug dealing, unemployment, and crime.

Federal policies and practices, however, often inhibit collaboration at the state and local level. At the federal level, in particular, categorical funding perpetuates specialization, fragmentation, and in some cases, duplication of services at the state and

local level. Indeed, categorical funding is one of the major barriers to the delivery of coherent, comprehensive services. Moreover, public and private funders frequently limit the use of funds to specific populations or programs. These restrictions often constitute a powerful barrier to delivering effective services and can inhibit a community's ability to be creative in the development of services.

In summary, the federal government must seek to coordinate funding and programming at the federal level to encourage innovative and comprehensive approaches at the state and local level.

3. The federal government should recognize that communities are well positioned to determine how to use federal and other resources most effectively to deal with substance abuse and violence as it exists locally.

Addressing the problems of substance abuse and preventing violence will require the active mobilization of communities. Community leaders and organizations are well equipped to identify their needs, to develop effective strategies for dealing with those needs, and to engage all sectors of the community. The federal government should provide incentives to encourage communities to seek creative and nontraditional remedies to the problems of substance abuse and violence. For example, the federal government can provide incentives to the states and local communities to develop programs that target the multiple needs of children and their families, that seek to rebuild depleted communities, and that facilitate collaboration across sectors. In addition, the federal government can assist communities in merging funding streams to provide comprehensive services to individuals with substance abuse problems.

Finally, the federal government should encourage the development of creative linkages by providing communities with greater flexibility—or at the very least removing barriers—in designing programs to meet community needs. Greater flexibility, however, should not be equated with decreased accountability. Rather, flexibility should be combined with the greater use of outcome measures to assure that increased flexibility results in more effective services.

4. The federal government should develop a strategy to more broadly disseminate information to communities on strategies or programs that "work."

Most federal agencies currently disseminate information to states on model programs, however, this information does not always reach those implementing programs at the local level in a timely manner.

For example, currently many communities are searching for information on the components of successful drug court programs that provide treatment to defendants with substance abuse problems.

The federal government could assist these communities by: (i) providing education and training on drug court models and how they work through conferences, small workshops directed to practitioners,

and seminars directed at non-justice system audiences such as the media or legislators; (ii) gathering and disseminating information on existing drug court programs; (iii) providing short-term and long-term technical assistance to assist jurisdictions in identifying problems and developing solutions; (iv) conducting demonstration programs; and (v) conducting and disseminating research.

A comprehensive approach is needed to provide local jurisdictions with the information and assistance they need to implement innovative strategies for addressing substance abuse problems.

VI.

New Directions in Preventing Violence

A. PRINCIPLE

Violence must be viewed as a public health problem that is inextricably intertwined with substance abuse.

B. RATIONALE

Violence is a public health problem that affects every segment of our society. More than 20,000 people die from homicides every year and more than 2,000,000 people suffer injuries received in violent conflicts.¹⁰

For some Americans, violence has become so common that they have grown to accept it. Indeed, many Americans believe that violence is becoming ingrained in our culture.

As reported in a recent study by the American Psychological Association, many characteristics of American society can be singled out as having an impact on the rate of violence: poverty and unemployment, attitudes toward violence in the larger society, and prejudice and discrimination.⁴¹ In addition, individual social experiences often play a significant role in the development of violent behavior. Among these social experiences, four stand out: access to firearms; involvement with alcohol and other drugs; involvement in antisocial groups, including gangs and violent mobs; and exposure to violence in the mass media.

The link between alcohol or other drug use and violence is evident every day in our families, neighborhoods, schools, courtrooms and prisons.

- In the 1980s, according to Peter Edelman, Counselor to the Secretary of the U.S. Department of Health and Human Resources, more than half of all confirmed reports of child abuse and neglect, and 75 percent of child deaths from parental abuse and neglect, involved alcohol and other drugs.⁴²

- Up to 50 percent of all reported spousal abuse cases involved alcohol and illicit drug use, and 52 percent of rapes and sexual assaults were perpetrated by persons under the influence of alcohol or other drugs during the 1980s.⁴³
- In about 65 percent of all homicides, perpetrators, victims, or both had been drinking. Alcohol is a factor in at least 55 percent of all home assaults.⁴⁴

Children and Violence

Violence and violence-related injuries and deaths are particularly common among young people and have escalated in recent years. Children are increasingly the victims of violence in their home, their neighborhoods and at school.

Children suffer greatly at the hands of substance abusing parents, as reflected in spiralling reports of child abuse and neglect over the last decade (many of which are tied to parental substance abuse) and in the staggering increase in foster care placements. From 1987 to 1990, an average of more than three children a day died from maltreatment.⁴⁵ In 1990, an estimated 1,211 children died from abuse or neglect.⁴⁶ Children who grow up in families where there is child abuse and maltreatment, spouse abuse and a history of violent behavior learn early on to act out physically when they are angry.

Children also are increasingly exposed to violence in their neighborhoods and at school. As indicated in a recent study of first and second graders in the District of Columbia, children are becoming involved in violence at ever-younger ages. Forty-five percent of the first and second graders said they had witnessed muggings, 31 percent said they had witnessed shootings, and 39 percent said they had seen dead bodies.⁴⁷ In 1992, 2,428 children nationwide were the victims of violence.⁴⁸

And, where schools were once a "safe haven," a recent study suggests that schools have become a place where children "learn to cope with the daily fear of being harmed."⁴⁹ Chaos in classrooms, growing violence, and access to drugs are a regular part of the school day for an increasing number of students. A 1989 study by the Bureau of Justice Assistance reported that students from schools where drugs were available were twice as likely to fear an attack at school as students where drugs were not available.⁵⁰ Similarly, students from schools where drugs were available were about 1.5 times as likely as those where drugs were not available to express fear of attack on the way to or from school.⁵¹

The presence of gang activity in the school increases the likelihood of drug availability. Seventy-eight percent of students at high schools where gangs are present report that a person could obtain drugs at school, compared to 66 percent of students at schools without gangs.

In addition to being victims of violence, children are increasingly the perpetrators of violence. Juvenile (under the age of 18) arrests for violent crime have climbed steadily during the last six years. From 1987 to 1991, juvenile arrests for homicide have increased 85 percent.⁵² In 1992, juveniles committed 112,409 violent crimes, an increase of 47 percent in the last ten years.⁵³

The growth in juvenile crime has not been confined to adolescents. In the last 10 years, arrests of children younger than age 10 for violent crimes jumped 50 percent.⁵⁴

No single effort can end the violence that is devastating our cities. Our approach must be comprehensive, involving the justice system, schools, families, neighborhoods, the churches, and government. Seriously addressing violence requires that we confront the risk factors that lead to violence—poverty and joblessness, the prevalence of brutality in our culture, the disintegration of the family, and the problem of substance abuse.

Federal policies must recognize the inextricable connection between alcohol and other drug use and violence. Approaching violence as a public health issue can mobilize a broad array of

resources in medicine, mental health, social services, education, and substance abuse prevention to prevent injuries and death from violence.

C. RECOMMENDATIONS

1. Violence prevention programs should be available to children at an early age in the schools and the community.

Violence is a learned behavior. The basic values, attitudes, and interpersonal skills acquired early in life can be pivotal in developing predispositions for violent behavior later in life. Early childhood programs and child care providers should promote nonviolent behavior and attitudes by teaching children at a young age how to interact appropriately with other children and adults.

In addition, violence prevention programs targeting children at-risk should be implemented in the schools and in neighborhood settings, such as low-income housing units. Violence prevention and conflict resolution programs and curricula can help promote nonviolent values, attitudes, and interpersonal skills, and teach children problem solving skills. Conflict resolution programs should be available in all schools along with alcohol and other drug prevention programs. Finally, schools should teach children about the dangers of weapons, alcohol and other drugs. The recent action of the Administration and Congress in passing the Safe Schools Act of 1993 is a step in the right direction in accomplishing this objective.

2. Informational campaigns that illustrate the link between substance use and abuse and violence need to be enhanced.

The media can be a powerful force in shaping attitudes about appropriate behavior and in educating the public about the relationship between the use of alcohol and other drugs and violence. Alcohol is a factor in 65 percent of all homicides, 40 percent of all assaults, and 55 percent of all fights and assaults in the home.⁵⁵ The link between substance use and abuse and violence should be more clearly established through informational campaigns in the media, the workplace, and the schools.

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3. The federal government should take a more active role in providing leadership to discourage the portrayal of violence through television and other media.

On average, children between the ages of 2 and 11 watch television 28 hours each week and teenagers watch an average of 23 hours each week.³⁴ These children witness five to six violent acts per hour, and 20 to 25 violent acts per hour on Saturday morning children's programs.³⁵

The exposure of children to violence in the mass media, particularly at a young age, can have harmful lifelong consequences. A longitudinal study of boys found a significant relation between exposure to television violence at 8 years of age and antisocial acts—including serious, violent criminal offenses and spouse abuse—22 years later.³⁶

National leaders should engage in a campaign to change the public's general attitude toward the risk of violence. As a beginning step, national leaders can encourage a sense of responsibility in the entertainment community to avoid a glorification of violence and firearms in movies and other media.

4. A range of community-based services should be available and accessible to high risk and delinquent youth.

Young people who violate the law present unique challenges to states and communities. The juvenile justice system must respond to youth of varying ages and developmental needs as well as to youth who often come from dysfunctional families, have a history of child abuse or neglect, have learning disabilities, or have a history of substance abuse. While states and communities must protect the public and provide appropriate punishment, the juvenile justice system should also maximize the tenure of a young offender in the system to provide youth with services that can redirect them toward a productive adulthood.

In most jurisdictions, a balanced range of options for supervising juveniles who come into contact with the justice system does not exist. In too many jurisdictions, the only option for youth is incarceration in crowded, poorly supervised facilities where juveniles who have committed relatively

minor infractions are placed alongside juveniles who are violent and more experienced. Often, youth are removed from their own communities and families and placed in geographically distant facilities; even the most effective treatment in these settings tends to fade upon return to their community because the family, school, and the environment remain unchanged.

Juveniles who have committed serious crimes or who have continued illegal conduct despite exposure to community programs require substantial and secure confinement. But young delinquents and juveniles who are first time offenders should have access to community-based programs that are consistent in their expectations and that include the possibility of sanctions if the juvenile does not meet the requirements of the program. A range of services including day treatment, alternative schools, close supervision or "tracking" programs, family support, parole and probation, and secure custody should be available to meet the needs of juveniles. Programs that provide opportunities for victims restitution and community services also should be expanded. Finally, support services, including substance abuse treatment and mental health services, should be available to both juveniles and their families.

A particularly serious gap in many communities exists in meeting the educational needs of delinquent youth. An alarming percentage of these youth have dropped out of school. Programs that offer juveniles viable options for completing their education, and job training and placement should be available to every juvenile who comes into contact with the justice system.

Finally, the lack of coordination among service providers is a significant barrier to the development of a comprehensive range of services for juveniles. The needs and diverse problems of juveniles cannot be solved by the correctional system alone. Mental health and treatment services, health care, educational services, family therapy, vocational training, and on-going support once the juvenile leaves custodial placement must be coordinated to assure that juveniles have access to a comprehensive system of services. At the federal level, the Departments of Health and Human Services, Labor, Housing and Education

must work with the Department of Justice to coordinate funding and eligibility requirements, and provide incentives to states for the development of a comprehensive range of juvenile services.

5. The justice system should place a high priority on the assessment and treatment of alcohol and other drug problems of persons in court on domestic violence or child abuse and neglect charges and should develop treatment programs to intervene with the children of these individuals.

Child abuse and neglect is highly correlated with later substance abuse, teenage pregnancy, school failure, juvenile delinquency, adult criminal behavior, suicide, and mental health problems.

Increasing domestic violence and child abuse and neglect in many jurisdictions have created a backlog in court cases significant enough that litigants often become impatient with and alienat-

ed from the justice system and do not follow through with their complaints. The result is that individuals accused of violence suffer no consequences for their actions, and many families do not get the counseling and drug and alcohol treatment that they need.

The justice system should place a high priority on handling domestic violence and child abuse cases expeditiously. Judges and other court personnel should be trained to assess the alcohol and other drug problems of persons in court on domestic violence and child abuse charges, and should seek to refer these individuals to treatment immediately. In addition, courts should be linked to other human services, including counseling for the children of persons charged with domestic violence and child abuse acts.

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VII.

New Directions in the Criminal Justice System

A. PRINCIPLE

The criminal justice system should develop new approaches to criminal justice that foster linkages between the community, the courts and the criminal justice system.

B. RATIONALE

In the last decade, an unprecedented number of offenders have been arrested, tried and convicted clogging court calendars and flooding our jails and prisons. The passage by many states and the federal government of mandatory minimum statutes for criminals convicted of certain crimes combined with stepped-up law enforcement in many jurisdictions resulted in a doubling of the nation's prison population during the 1980s. And, it is still growing rapidly. Today, more than a million Americans are held in prisons and jails.⁵⁹ Nearly three million more are under some kind of court-ordered supervision, such as probation or parole.

This unprecedented growth in the number of offenders arrested and incarcerated has severely strained most state budgets. In 1991, state expenditures for corrections rose by 16 percent—the biggest increase in any item on state budgets.⁶⁰ Indeed, spending on prisons has in recent years risen faster than spending on education.

The use of illicit drugs and drug-related crime account for much of this increase. In 1991, there were more than one million arrests for drug offenses nationwide, a 56 percent increase since 1982.⁶¹ In contrast to 1979 when the vast majority of arrests (61 percent) were for simple possession of marijuana, by 1991, the number of arrests for cocaine or heroin possession had increased dramatically—from 47,000 in 1979 to 331,000 in 1991.⁶²

More striking is the number of drug offenders incarcerated during the last ten years. In its recent

report "The State of Criminal Justice" (1993), the American Bar Association's Criminal Justice Section reported that, while adult arrests for drug offenses increased 25 percent between the years of 1986 and 1991, the persons imprisoned for drug offenses actually rose 327 percent.⁶³

The growth in drug-related cases also has affected the courts. A study of 26 urban felony courts from 1983 to 1987 found that drug cases made up the largest share of all cases in all but one court.⁶⁴ And, in ten cities, civil justice systems have completely shut down to accommodate the criminal caseload.

While most Americans would agree that we need to address crime and violence, there is little consensus as to the approach that is most promising. Some would argue that we need to beef up law enforcement, others argue that we need to address the root causes of crime and violence, still others would argue that we need to target the most violent for incarceration. All of these approaches are correct.

Our response must be multi-faceted. More police officers are needed, but often we intervene too little and too late. It is our belief that law enforcement must be proactive, seeking to engage the entire community in fighting crime. Similarly, the criminal justice system must respond to the root causes of crime—social and economic deprivation—by coordinating with other systems to provide treatment to drug-involved offenders who want it, opportunities for job training, and continuing care upon release from jail or prison. Finally, the criminal justice system must include sentencing alternatives and diversion to ensure that the most costly and restrictive options, such as prison, are available for the most violent offenders.

C. RECOMMENDATIONS

1. The criminal justice system should provide a continuum of mandatory prevention and treatment services to drug-involved offenders in jail, prison, and on probation and parole. Linkages to community-based treatment should be provided to ensure continuing care upon release.

As many as 80 percent of those entering prison have a history of alcohol abuse and/or illicit drug use. A 1989 National Institute of Justice study shows that 62 percent of arrestees reported regular use of drugs prior to incarceration.

In spite of the need, only 1 in 7 offenders receives any treatment or services for addiction problems while incarcerated, with the exception of medical treatment to manage any immediate symptoms associated with severe intoxication or withdrawal. The U.S. Department of Justice has noted in surveys that 41 percent of jail inmates, or about 3.9 million in 1990, admitted they needed drug treatment. However, the criminal justice system can treat fewer than 700,000 inmates, and a 1989 survey by the American Jail Association reported that fewer than 20 percent of the jails surveyed had a treatment program with paid treatment staff. Many of the programs that did exist were inadequate to meet the needs of drug-involved inmates. Without treatment, 9 out of 10 offenders with alcohol and illicit drug problems return to drugs and inevitably, predatory crime, and a majority of these offenders are rearrested within three years after release.

The goal of the criminal justice system should be to reduce the rate of substance abuse among offenders. To accomplish this, mandatory treatment should be available at every stage of the criminal justice system, including probation and parole. Treatment within the correctional system is often less costly. Moreover, holistic, residential programs that address a host of medical problems associated with HIV/AIDS, tuberculosis, and hepatitis B can be easily implemented in the correctional system. Finally, research shows that success in treatment is directly related to the length of participation in treatment.

Offenders on probation and parole with identified alcohol and illicit drug problems should be monitored frequently and sanctioned for continued drug use. Similarly, offenders in programs that divert them from the traditional criminal justice system, such as treatment-oriented drug courts, should also be monitored on a regular basis and graduated sanctions applied as appropriate. Offenders in all jails and prisons should receive treatment if they want it. Offenders who can quit using drugs without treatment should be given this option, but they should be monitored regularly to ensure that they stay clean.

The federal government should work with state governments to design and pilot experiments within the criminal justice system that incorporate a balance between treatment and coercion.

2. Alternatives to incarceration that include alcohol and other drug treatment and intermediate sanctions should be expanded.*

The Crime Bill, currently under consideration by Congress, takes a step in the right direction by the inclusion of \$1.2 billion for drug courts and in-prison treatment programs. The courts should work with treatment providers to implement rehabilitative programs that mix treatment with appropriate sanctions, such as drug courts. In appropriate cases, if the defendant completes the program, the defendant should be able to escape the stigma of a criminal conviction.

In addition to treating a defendant's alcohol and other drug addiction, these programs can help defendants prepare to return to their environment by addressing their needs holistically. Job training, job placement, education assistance, family counseling, or assistance in locating housing should be integral elements of these programs. Moreover, the programs should seek to develop partnerships with community service organizations, agencies, and businesses as a means of more closely linking the program to the community and of increasing the defendant's chance of success. This strategy of dealing with drug cases has the potential to benefit the system, the public, and the defendant. It saves the public the high cost of trials and incarceration while rehabilitating and reintegrating into the community first-time defendants who are drug-free, better educated and employed.

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* There were two aspects of the criminal justice system's treatment of defendants that caused considerable debate among our participants: mandatory minimum sentences and asset forfeiture. While the American Bar Association has policy on both issues, our advisory committee was unable to reach consensus on their merits and therefore have not included extensive discussion of them in this report

3. Law enforcement approaches such as community policing that prevent and reduce violence should be implemented nationwide.

The police alone cannot control crime. Their proper role is to assist citizens to protect themselves and control their streets. Law enforcement approaches such as community policing can aid citizens in building drug-resistant neighborhoods where they can once again feel safe and in control of their streets.

Community policing proactively engages entire neighborhood communities in partnerships with their law enforcement officer(s) to prevent crime. Observations, criminal intelligence information and influence, especially among young people, are indispensable to police in ensuring public safety.

Every patrol officer, not just specialists, should be engaged in community policing. A city should be divided into as many sub-beats as there are generalist patrol officers. Each should have individual responsibility for the protection of his/her own "urban village" community.

The federal government should work with local police and prosecution agencies to support and implement community policing programs.

4. The federal government should disseminate information to communities to assist them in eradicating open-air and flagrant drug markets.

The public drug markets that arose with the advent of cheap crack cocaine have brought widespread fear and violence to many neighborhoods. These open-air drug markets and "crack houses" should be shut down. Doing so requires a concerted cooperative effort by legislators, the police, community groups, and residents.

Several successful initiatives designed to close drug markets have emerged. However, often communities do not have the information they need to initiate such an effort.

The federal government can assist this effort by collecting information on successful programs and disseminating that information to communities. For example, information could be disseminated through local police departments or prosecutor's offices.

5. Voluntary pretrial drug testing programs should be supported as a means of identifying and treating offenders immediately upon arrest.

Pretrial drug testing can enhance the court's ability to identify high risk defendants early, as well as ensure that defendants with alcohol and other drug problems get to treatment immediately. The federal government should provide technical assistance to communities that wish to establish pretrial drug testing programs.

The federal government should encourage the development of voluntary pretrial drug testing programs by providing funding support and technical assistance in implementation.

6. Court officers should be trained to identify and refer offenders with alcohol and other drug problems at the earliest possible point of intervention.

Court officers are increasingly dealing with offenders who have alcohol and other drug problems. The number of drug cases in federal and state courts has risen dramatically since 1980. A study of 26 urban felony courts from 1983 to 1987 found that drug cases made up the largest share of cases in all but one court. Moreover, the growing court calendar of child and spousal abuse cases, as well as many juvenile matters, often involve alcohol and other drug problems.

The U.S. Department of Health and Human Services should work with the Conference of Chief Justices and the Conference of State Court Administrators to ensure that the population of offenders in the justice system are included among their clients served and that all court officers have access to training opportunities in substance abuse assessment.

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Notes

1. Joseph A. Califano, "America in Denial," *Washington Post*, (November 14, 1993), editorial.
2. Ibid.
3. *Kids in Trouble*, (citing Bureau of Justice Statistics, U.S. Department of Justice, *Survey of Youth in Custody, 1987*, (Washington, DC: National Governors' Association, 1992), 3.
4. See Barbara Kantrowitz, "Wild in the Streets," *Newsweek* (August 2, 1993), 43. (hereinafter "Krantrowitz").
5. Institute for Health Policy, *Substance Abuse: The Nation's Number One Health Problem* (Princeton, NJ: The Robert Wood Johnson Foundation, 1993) 14.
6. Fred M. Hechinger, *Fateful Choices: Healthy Youth for the 21st Century* (New York: Carnegie Council on Adolescent Development, 1992) 110.
7. *Substance Abuse: The Nation's Number One Health Problem*, *supra* note 5, at 40.
8. Ibid.
9. Office of Educational Research and Improvement, U.S. Department of Education, *Reaching the Goals: Goal 6, Safe, Disciplined and Drug-Free Schools* (Washington, DC: Office of Education Research and Improvement, 1993), 7. See also Hechinger, *supra* note 6, at 110.
10. A. Reiss and J. Roth (Eds.), *Understanding and Preventing Violence* (Washington, DC: National Academy of Sciences, 1993), 116
11. Bureau of Justice Statistics, *Drugs, Crime, and the Justice System*, (Washington, DC: U.S. Department of Justice, 1992) 5.
12. Ibid.
13. Mark A.R. Kleiman, *Against Excess — Drug Policy for Results* (New York: Basic Books, 1992) 319.
14. S. Glantz, "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry," *Circulation* 83 (1) (Jan. 1991), as cited in Kleiman, 319.
15. *Drugs, Crime, and the Justice System*, *supra* note 11, at 104.
16. "U.S. Urged to Escalate Tobacco War," *Washington Post* (January 12, 1994), A17.
17. Tobacco Causes More U.S. Deaths than Alcohol, Drugs, Study says," *The Baltimore Sun* (November 10, 1993), 1A, 18A.
18. Ibid.
19. Mathea Falco, *The Making of a Drug-Free America: Programs That Work* (New York: Times Books, 1992), 24.
20. *Substance Abuse: The Nation's Number One Health Problem*, *supra*, note 5, at 58.
21. See Office of National Drug Control Policy, *Understanding Drug Treatment* (White Paper), (Washington, DC: U.S. Government Printing Office, June 1990), 24.
22. Section of Criminal Justice, *The State of Criminal Justice: An Annual Report* (Washington, DC: American Bar Association, 1993), 4. (hereinafter "State of Criminal Justice").
23. Luceille Fleming, "Role of Government." In *Drugs and Violence in America*, (proceedings of the Inaugural Symposium on Crime and Punishment in the United States), (Washington, DC: United States Sentencing Commission, June 1993) 116.
24. Falco, *supra* note 19, at 109.
25. Ibid.
26. *Substance Abuse: The Nation's Number One Health Problem*, *supra* note 5, at 60.
27. *Join Together, Health Reform for Communities: Financing Substance Abuse Services* (Boston, MA: Join Together, 1993), 13.

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28. "U.S. Health Costs to Pass \$1 Trillion in 1994," *Washington Post Health* (January 11, 1994), 7.
29. *Blueprint For a New and Effective National Drug and Alcohol Strategy* (Washington, DC: Legal Action Center, Feb. 1993), 11.
30. *Resources to Aid Drug-Exposed Infants and Their Families*, (Background paper prepared for the Robert Wood Johnson Foundation by the Center for Health Policy Research at The George Washington University), 2.
31. *Ibid.*, 3.
32. *Ibid.*, 2.
33. Hechinger, *supra* note 6, at 110.
34. Center for Substance Abuse Treatment, U.S. Department of Health and Human Services, *Improving Treatment for Drug-Exposed Infants* (DHHS Publication No. 93-2011) Washington, DC: U.S. Government Printing Office, 1993), 2.
35. *Ibid.*
36. *Ibid.* at 7.
37. Hechinger, *supra* note 6, at 110.
38. *Substance Abuse: The Nation's Number One Health Problem*, *supra* note 5, at 40.
39. *See Breaking the Cycle of Drug Abuse: 1993 Interim National Drug Control Strategy* (Washington, DC: Office of National Drug Control Policy, September 1993), 23.
40. Centers for Disease Control, *The Prevention of Youth Violence: A Framework for Community Action*, (Atlanta, GA: U.S. Department of Health & Human Services, 1992), 1.
41. *Violence and Youth: Psychology's Response*, (Volume I: Summary Report of the American Psychological Association Commission on Violence and Youth), (Washington, DC: American Psychological Association, 1993) 24-25.
42. Peter B. Edelman: Remarks at the United States Sentencing Commission's Symposium on Crime and Punishment. In *Drugs and Violence in America*, *supra* note 23, at 190.
43. *Ibid.*
44. *Violence and Youth: Psychology's Response*, *supra* note 41, at 28.
45. *Leave No Child Behind: An Opinion Maker's Guide to Children in Election Year 1992*, (Washington, DC: Children's Defense Fund, 1991) 48.
46. *Ibid.*
47. *Violence and Youth: Psychology's Response*, *supra* note 41, at 13.
48. Cindy Loose and Pierre Thomas. "Spread of Violence Poisons Well-Being of Childhood," *Washington Post* (January 2, 1994) A1, A19. (hereinafter "Loose and Thomas"). *See also*, Barbara Kantrowitz, "Wild in the Streets," *Newsweek* (August 2, 1993), 43. (hereinafter "Kantrowitz").
49. *Ibid.*
50. *Drugs, Crime, and the Justice System*, *supra* note 11, at 9.
51. *Ibid.*
52. Loose and Thomas, *supra* note 48, at A19. *See also* Kantrowitz, *supra* note 48, at 43.
53. *Ibid.*
54. *Ibid.*
55. *Violence and Youth: Psychology's Response*, *supra* note 41, at 79.
56. *Ibid.*, 32.
57. *Ibid.*
58. *Ibid.*, 33.
59. National Issues Forum, *Criminal Violence: What Direction Now for the War on Crime?* (Washington, DC: Kendall/Hunt Publishing, 1992), 1.
60. *Ibid.*
61. Peter Finn and Andrea K. Newlyn, *Miami's Drug Court: A Different Approach* (Washington, DC: National Institute of Justice, June 1993) 2.
62. Peter Reuter, *Drug Policy: Recent Lessons* (Washington, DC: RAND, August 1993) 3.
63. *State of Criminal Justice*, *supra* note 22, at 4.
64. *Drugs, Crime, and the Criminal Justice System*, *supra* note 11, at 172.